



Incident Report

Print Date/Time: 10/24/2016 11:41

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00020857

Incident Date/Time: 10/20/2016 6:28:00 AM
Location: 1200 SR 9 SE
LAKE STEVENS WA 98258
Phone Number: (425) 446-2251
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0131-Wells
19D2	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SCHOENMAKER, MATTHEW DALE	226 101ST AVE Lake Stevens WA 982581636	(425) 446-2251		Male	01/18/1976
1	Passenger	HOWELL, SEBASTIAN				Unknown	12/07/2011
2	Passenger	SCHOPHER, RAIDEN				Unknown	11/27/2009
3	Passenger	HOWELL, JASPER				Unknown	04/20/2015
1	Driver	HOWELL, VANESSA ELLEN	7821 S WILKESON ST Tacoma WA 984081118	(253) 263-5678		Female	08/02/1985
2	Driver	HODGE, MACHELLE R	7903 58TH PL NE MARYSVILLE WA 98270	(360) 402-4016		Unknown	

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2003	Ford	PU		B87944N	WA
Involved Vehicle	Passenger Car	2011	Hyundai	ELANTRA		759ZSS	WA
Involved Vehicle	Passenger Car	2004	BMW	3254D	Black	AWH0920	WA

Disposition(s)

Disposition	Count
Z	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

10/20/2016 : 07:33:59 SP0428 Narrative: EM093

10/20/2016 : 07:32:11 SP0428 Narrative: ROADWAY CLEAR

10/20/2016 : 07:28:50 SP0428 Narrative: TS

10/20/2016 : 07:25:00 SP0428 Narrative: 19D1 COURTESY TRANSPORT

10/20/2016 : 07:23:10 SP0428 Narrative: 092

10/20/2016 : 07:19:43 SP0428 Narrative: TOW OS

10/20/2016 : 07:01:13 SP0352 Narrative: BOTH VEHS 4 RND

10/20/2016 : 07:01:02 SP0352 Narrative: SVR Notes: RESCUE TOW ENRT

10/20/2016 : 07:00:11 SP0352 Narrative: REQ 2 TOWS

10/20/2016 : 06:51:09 SP0387 Narrative: 2 YEL 4 GRN ADTL BLS FOR XPORT

10/20/2016 : 06:45:58 SP0387 Narrative: 2 VEH REAR END, ACC, CHECKING FOR INJ, 12TH ST SE/9\

10/20/2016 : 06:38:46 SP0352 Narrative: *** ALSO 2 SMALL CHILDREN IN BACK SEAT, REQ EVAL FOR , NOT COMPLAIN ANY SPECIFIC INJS

10/20/2016 : 06:38:16 SP0352 Narrative: **** ADDR UPDATE **** PD W/VEHS 1200 BLK SR 9

10/20/2016 : 06:33:48 SP0375 Narrative: LR375

10/20/2016 : 06:33:13 SP0375 Narrative: WHI FORD F150 V BLK BMW V SIL SUBARU WAGON

10/20/2016 : 06:32:51 SP0375 Narrative: 20-30 YO F, CON,

10/20/2016 : 06:32:17 SP0352 Narrative: AGENCY ADVISED

10/20/2016 : 06:32:12 SP0375 Narrative: PREG F REQ EVAL

10/20/2016 : 06:31:53 SP0375 Narrative: AID DECLINED

10/20/2016 : 06:31:40 SP0375 Narrative: AC, NOW, NON INJ, BLKING, 3 VEH'S INVOLVED

10/20/2016 : 06:30:09 SP0224 Narrative: SO FRONTIER VIL/MKT PL

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E598644**CASE # **2016-00020857**LOCAL AGENCY
CODINGTOTAL # OF
UNITS**03**OBJECT
STRUCKTRIBAL
RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	10	-	20	-	2016			0631	31						0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR9**BLOCK NO. ☒
MILE POST**1200**

DISTANCE

OF (REFERENCE OR CROSS STREET)

DISTANCE	1	00	MILES	<input checked="" type="checkbox"/> N	<input type="checkbox"/> E	<input checked="" type="checkbox"/> S	<input type="checkbox"/> W	1200-BLOCK
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UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

D: 2532635678

LAST NAME

HOWELL

FIRST NAME

VANESSAMIDDLE
INITIAL**E**STREET
NEW ADDRESS**7821 S WILKESON ST**

CITY

TACOMA

ST

WA

ZIP

984081118

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #**HOWELVE157NB**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**08****02****1985**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**759ZSS**

STATE

WA

VIN#

KMHDC8AE9BU092878TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2011

MAKE

HYUN

MODEL

ELANTR

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

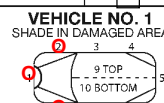
GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**GEICO 902823450**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE



UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

D: 3604024016

LAST NAME

HODGE

FIRST NAME

MACHELLEMIDDLE
INITIAL**R**STREET
NEW ADDRESS**7903 58TH PL NE**

CITY

MARYSVILLE

ST

WA

ZIP

98270

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**7**

NATURE OF INJURIES

NECK/BACKLICENSE
PLATE #**AWH0920**

STATE

WA

VIN#

WBAET37484NJ95133TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2004

MAKE

BMW

MODEL

3254D

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**VERN FONK 8267016**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

G. SHEIN

BADGE OR ID #

0136

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E598644**CASE # **2016-00020857**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		JASPER HOWELL																	
ADDRESS & PHONE #												SEX	U	D.O.B. MMDDYYYY	04	-	20	-	2015
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		SEBASTIAN HOWELL																	
ADDRESS & PHONE #												SEX	U	D.O.B. MMDDYYYY	12	-	07	-	2011
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		RAIDEN SCHOPHER																	
ADDRESS & PHONE #												SEX	U	D.O.B. MMDDYYYY	11	-	27	-	2009
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	

NARRATIVE

UNIT 1 REAR-ENDED UNIT 2, WHICH REAR-ENDED UNIT 3. DRIVER OF UNIT 1 SAID THAT SHE LOOKED DOWN TO ADJUST HER PANT LEG, AND DID NOT SEE SLOWING TRAFFIC AHEAD

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN
10-21-16 02:23 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 0071

DATE

10/21/2016 3:40:10 PM

BADGE OR ID #

0136

ORI #

WA0311900

TIME POLICE DISPATCHED

6:31 AM

TIME POLICE ARRIVED

6:33 AM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. **E598644**CASE # **2016-00020857****COMMERCIAL MOTOR CARRIER**INTERSTATE ☐ INTRASTATE ☐

UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4254462251

LAST NAME

SCHOENMAKER

FIRST NAME

MATTHEW

MIDDLE INITIAL

D

STREET NEW ADDRESS

226 101ST AVE NE

CITY

LAKE STEVENS

ST

WA

ZIP

982581636

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

SCHOEMD244BQ

STATE

WA

SEX

M

D.O.B. MMDDYYYY

01

-

18

-

1976

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

2

INJURY CLASS

7

NATURE OF INJURIES

NECK/BACK

LICENSE PLATE #

B87944N

STATE

WA

VIN#

1FTRX17293NB86645

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2003

MAKE

FORD

MODEL

PU

STYLE

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # MUTUAL OF ENUMCLAW BAP000082405

VEHICLE LEGALITY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

-

-

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALITY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN**10-21-16 02:23 PM**

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

0136

ORI #

WA0311900

APPROVED BY

VALVICK

DATE

10/21/201

PAGE

3

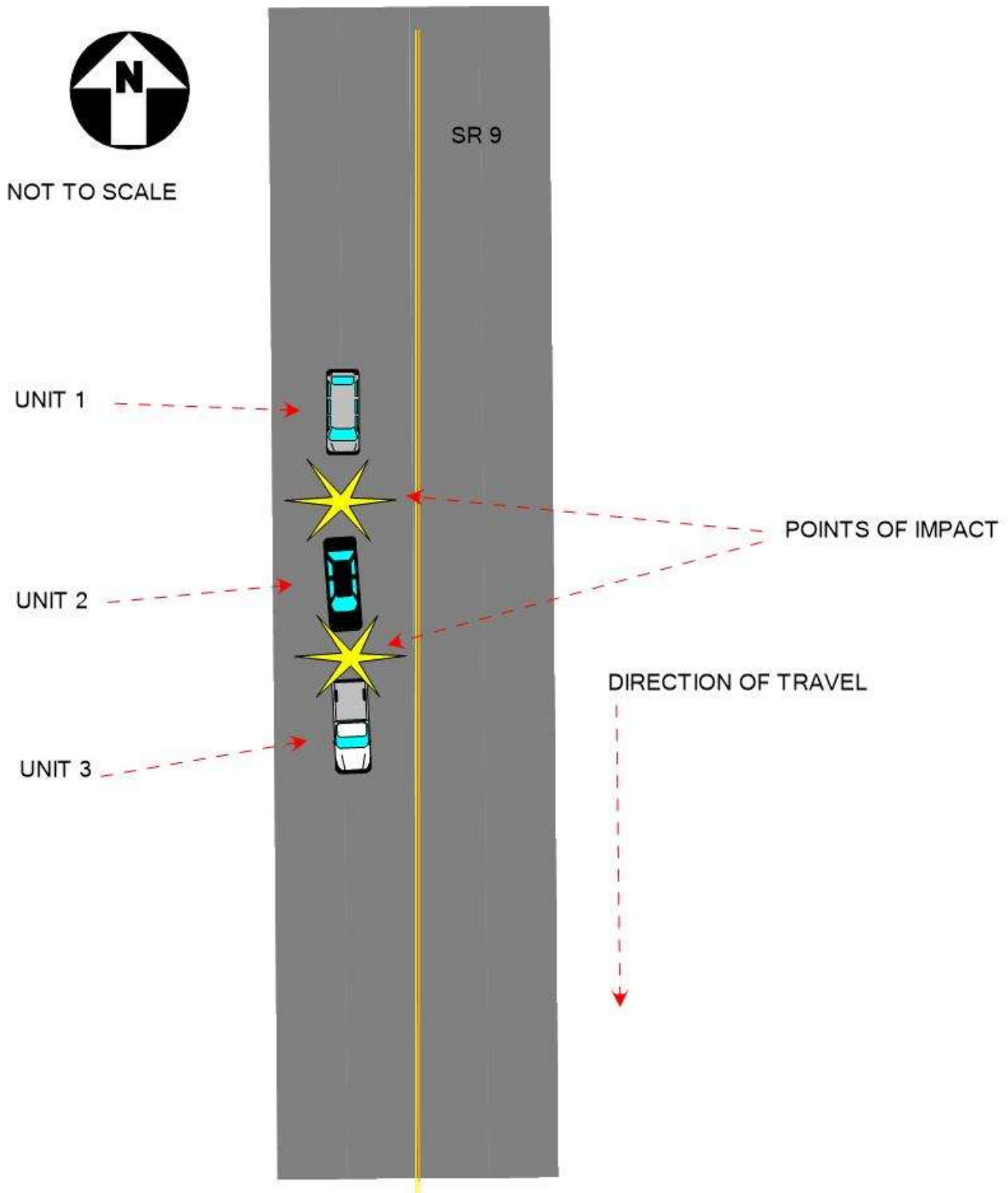
OF

4

REPORT NO. E598644

CASE # 2016-00020857

DATE AND TIME
OF COLLISION 10/20/16 06:31



3000-110-076 (P 07/13)













